School District/Public Agency	**Referral - Special Education** 34 C.F.R. §300.301(b)

Name of Student		WISER ID	DOB	Grade	Date
Name(s) of Parent or Guardian		**Name(s) of Parent or Guardian**			
Address (City, State & Zip)		**Address (City, State & Zip)**			
Contact Information		**Contact Information**			
H:	**C:**	**H:**	**C:**		
W:	**Email:**	**W:**	**Email:**		

Reason for Referral

State reason(s) you believe that the child has a disability and needs special education and related services. Explain in detail the child's academic and nonacademic performance. Include any important medical, emotional or other health related information.

Interventions and Effects

Discuss and detail any interventions, services or other programs used to address the child's needs. Include information about the duration of the interventions, services or programs that were attempted and the effects of the interventions on the child's performance, to the extent known.

Name of Student	DOB	Grade

Vision and Hearing Screening

Document the results of vision and hearing screening; any failed portion indicates a failed screening.

Vision Screening

Date Performed: _____

Vision is: □ CORRECTED (glasses/contacts) □ UNCORRECTED

	BOTH	LEFT	RIGHT
Distance Acuity	20/	20/	20/
Near Acuity	20/	20/	20/
Tracking	□ PASS □ FAIL		
Stereo Vision	□ PASS □ FAIL		
Color Vision	□ PASS □ FAIL		

Notes:

Hearing Screening

Date Performed: _____

OTOSCOPY:

PURE TONE RESULTS @ 20 dB	1.0 kHz	2.0 kHz	4.0 kHz
Right Ear	□ PASS □ FAIL	□ PASS □ FAIL	□ PASS □ FAIL
Left Ear	□ PASS □ FAIL	□ PASS □ FAIL	□ PASS □ FAIL

TYMPANOMETRY	PRESSURE	COMPLIANCE
Right Ear	□ PASS □ FAIL	□ PASS □ FAIL
Left Ear	□ PASS □ FAIL	□ PASS □ FAIL

Notes:

Parent Involvement

Indicate how the concerns have been addressed with parent(s).

Signature of Person Making the Referral:

Signature_____ Date_____

For Agency Use Only

Name & Title of Public Agency Representative Receiving Referral	Date of Receipt of Referral	Procedural Safeguards Provided to Parent for Initial Referral 34 C.F.R. §300.504(a)(1)
		By: _____ Date: _____